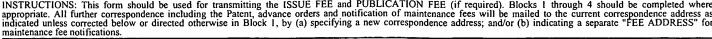
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 24335 7590 03/15/2004 WARNER NORCROSS & JUDD LLP Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below. 900 FIFTH THIRD CENTER 111 LYON STREET, N.W. GRAND RAPIDS, MI 49503-2487 Gregory P. Bondarenko (Depositor's name (Signature 2004 (Date 26 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/25/2001 Bryan T. Baker 5958 10/047,300 TITLE OF INVENTION: RE-SEALABLE BAG CLOSURE LABEL AND RELATED METHOD OF MANUFACTURE APPLN, TYPE SMALL ENTITY ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$300 \$1630 06/15/2004 ART UNIT CLASS-SUBCLASS **EXAMINER** AHMAD, NASSER 1772 428-040100 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Warner Norcross & 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or Judd LLP agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent  $\mbox{\ \ \, \square}$  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) CCL Label, Inc. Monrovia, CA ☐ individual corporation or other private group entity Please check the appropriate assignee category or categories (will not be printed on the patent); 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: 🖒 Issue Fee A check in the amount of the fee(s) is enclosed. APublication Fee □ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23 0457 (enclose an extra copy of this form). ☐ Advance Order - # of Copies Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. P. Dad 04/26/04 Gregory P. Bondarenko

(Authorized Signature)

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